



# Saint Mary's Schools PreK-12

50 Richland Street  
Worcester, MA 01610

Phone: (508) 753-0484 - Elementary School  
Phone: (508) 753-1170 - Junior/Senior High School  
[www.stmarysworcester.org](http://www.stmarysworcester.org)

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## PARENT/ATHLETE HEAD INJURY DISCLOSURE FORM

Pursuant to Massachusetts General Law, Chapter 111, Section 222, participants of interscholastic athletic programs and their parents prior to each season must disclose any information relative to any sports head injury history. This information must be shared with the athlete's coach(s) and a copy will be kept on file in the office of the Athletic Director.

Have you ever exhibited signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) during a sporting competition at any level?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever been diagnosed with a concussion?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes to neither of the above questions please list and explain each individual circumstance (sign, symptom or behavior followed by date of incident)

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Do you currently have or have you ever had athletic participation restrictions in relation to being diagnosed with a concussion?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes

I attest under penalty of law that the above information is accurate to the best of my knowledge, and that I am aware of and have had access to both the free NFHS online concussion training course, as well as approved informative written material on concussions available in the athletics section on [stmaryshigh.org](http://stmaryshigh.org)

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Student-Athlete (print)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Student-Athlete Name (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

